

CDSA RENTAL APPLICATION

114 S. Independence, Enid, Oklahoma 73701 (580)242-6131

Date Received _____	Approved _____	Disapproved _____
Received By: _____	By: _____	

1. **Applicant's Full Name:** _____ Phone No. _____
Social Security Number: _____ Date of Birth: _____
Driver's License number: _____ State of Issue: _____ Gender (M/F): _____
Current Address (Street, City, State and Zip) _____
Citizenship: US Citizen Documented Alien Undocumented Alien Unknown
Status: Single Married Separated Divorced Widowed Co-Habiting
Do you have a disability Yes No
Race: (all that apply) Native American/Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
Ethnicity: Hispanic or Latino Not Hispanic or Latino
I choose not to provide the above information regarding, Race, National Origin and or Gender:

2. **Co-Applicant's Full Name:** _____ Phone No. _____
Social Security Number: _____ Date of Birth: _____
Driver's License number: _____ State of Issue: _____ Gender (M/F): _____
Current Address (Street, City, State and Zip) _____
Citizenship: US Citizen Documented Alien Undocumented Alien Unknown
Status: Single Married Separated Divorced Widowed Co-Habiting
Do you have a disability Yes No
Race: (all that apply) Native American/Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
Ethnicity: Hispanic or Latino Not Hispanic or Latino
I choose not to provide the above information regarding, Race, National Origin and or Gender:

3. Complete for any additional house hold Members

Full Name Social Security Number Date of Birth Gender(M/F)

4. Has any member of the household been convicted of a felony: (Y/N) _____

Member(s) _____

5. Total number of persons who will occupy the unit: _____

6. Is any occupant of the household attending an institution of higher education? YES NO

Name(s) _____

7. Provide name, phone number and address of last three (3) landlords:

Name Address Phone Number How Long

8. Provide Name, Number and address of employer, if less than 2 years then include your previous employer.

Applicant
Name of Employer Address of Employer Phone Number of Employer

Co-Applicant

9. Emergency Contact Information (provide person to contact in event we cannot reach you):

Name Address Phone Number

10. ANNUAL INCOME AND ASSETS

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 AND OLDER	TOTAL
Wage or Salary	\$	\$	\$	\$
Overtime	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Fees, Tips or Bonuses	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Net Income From Business	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Pensions, Death Benefits, Disability	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
TOTAL:				\$

ASSETS	CASH VALUE	INCOME FROM	BANK NAME	ACCOUNT NUMBER
Cash on Hand	\$	NA	NA	NA
Checking Account	\$	\$		
Savings Account	\$	\$	\$	
CD's Money Market	\$	\$	\$	
401K Pension	\$	\$	\$	
Stocks, Bonds	\$	\$	\$	
Trust Funds	\$	\$	\$	
Real Estate	\$	NA	NA	NA
Pre-Paid Debit Card	\$	NA		
Other	\$			

Have you disposed assets for less than fair market value in the past 2 years? YES or NO

If Yes Explain

REQUIRED DISCLOSURE NOTICE

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Dept. of HUD that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used to evaluate your application or to discriminate in any way. However if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

FAIR HOUSING DISCLOSURE STATEMENT

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing based on race, color, religion, sex, handicap, familial status, or national origin. Federal Law also prohibits discrimination on the basis of age. Complaints of discrimination may be filed with the Assistant Secretary fir Fair Housing and Equal Opportunity, HUD, Washington, DC 20410.

PROVIDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

- PHOTO ID FOR EACH HOUSEHOLD MEMBER OVER 18**
- EMPLOYMENT VERIFICATION FOR EACH HOUSEHOLD MEMBER OVER 18**

12 Months of paystubs or employment verification letter
Social Security or disability award letter (Bank statements are not acceptable)
Zero income form for all household members over 18 without income
Veterans Administration Benefits Award letter
Verification of Pension or Retirement Income.
If Self Employed most current 1040

- COPY OF ALL HOUSEHOLD MEMBERS SOCIAL SECURITY CARD.**

If the above documents are not included with the application it will not be processed.

APPLICATION MUST BE UPDATED EVERY SIX (6) MONTHS, IF NOT IT WILL BE DISCARDED

BEFORE YOU SIGN THIS APPLICATION MAKE SURE THAT YOU HAVE READ THE STATEMENTS ON THIS PAGE AND PROVIDED THE REQUIRED DOCUMENTS. THE INFORMATION PROVIDED WILL BE USED TO DETERMINE WHETHER YOU MAY QUALIFY AS A TENANT, IT WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT EXCEPT TO YOUR EMPLOYER(S) FOR VERIFICATION OF INCOME AND TO FINANCIAL INSTITUTIONS FOR VERIFICATION OF ASSETS, AND AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THE INFORMATION, BUT IF YOU DO NOT YOUR APPLICATION MAY BE DELAYED OR DENIED.

11. _____
 Signature of Applicant Date

12. _____
 Signature of Co-Applicant Date